

# ONGOING TRAINING AND EVALUATION PROGRAM APPLICATION

Training Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address City/Zip

OTEP Coordinator \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Number of Participants \_\_\_\_\_

Indicate the training levels included in the OTEP (Check boxes that apply):

FR EMT IV AIR IV/AIR ILS ILS/AIR PM  
(BLS) (INTERMEDIATE) (ALS)

Number of DOH approved EMS Skills Evaluators: \_\_\_\_\_ (Attach list of names and EMS Registry #s)

Below, provide a brief description of your OTEP program. On additional sheets, attach your OTEP plan and a three-year schedule providing educational topics, time allotted, instructor and date. OTEP applications should be renewed whenever significant changes are made. Sign the application and obtain required signatures, then submit to the address below.

\_\_\_\_\_  
OTEP Coordinator/Agency Head (Print/Type) Signature Date

## APPROVAL SIGNATURES

\_\_\_\_\_  
County MPD or Designee (Print/Type) Signature Date

**Obtain required signatures and submit to:**

DOH - Office of EMS & Trauma System  
EMS Education, Training & Regional Support Section  
P.O. Box 47853  
Olympia, Washington 98504-7853

\_\_\_\_\_  
DOH/OEMSTS ETRS Section (Print/Type) Signature Date